



QUARTERLY STATEMENT

AS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

Medical Associates Health Plan, Inc.

NAIC Group Code	04811	04811	NAIC Company Code	52559	Employer's ID Number	42-1282065
	(Current Period)	(Prior Period)				
Organized under the Laws of	Iowa		State of Domicile or Port of Entry	Iowa		
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []	
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]	
	Other []				Is HMO Federally Qualified? Yes [] No [X]	
Incorporated/Organized	08/27/1986		Commenced Business	08/01/1987		
Statutory Home Office	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270		563-556-8070	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1605 Associates Drive Ste 101		Dubuque, IA, US 52002-2270		563-556-8070	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.mahealthcare.com					
Statutory Statement Contact	Jill Mitchell		563-556-8070			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	jmittchell@mahealthcare.com		563-556-5134			
	(E-Mail Address)		(FAX Number)			

OFFICERS

Name	Title	Name	Title
Andrea Ries M.D.	Chairman	Mark Janes M.D.	Vice Chairman
Brad McClimon M.D.	Director		

OTHER OFFICERS

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DIRECTORS OR TRUSTEES

Laurie Garms	Mark Janes M.D.	Andrea Ries M.D.	John O'Connor
Brad McClimon M.D.	Sara Loetscher M.D.	Lawrence Kukla #	Jeffrey White D.O.

State of Iowa ss
County of Dubuque

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Andrea Ries M.D. Chairman	Mark Janes M.D. Vice Chairman	Brad McClimon M.D. Director
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a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

Jean E Bartsch, Executive Assistant
07/18/2021

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	28,982,420		28,982,420	23,585,445
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks	6,577,445		6,577,445	4,513,178
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$10,138,800), cash equivalents (\$568,431) and short-term investments (\$0)	10,707,231		10,707,231	12,663,039
6. Contract loans (including \$premium notes)			0	0
7. Derivatives	0		0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	46,267,096	0	46,267,096	40,761,662
13. Title plants less \$charged off (for Title insurers only)			0	0
14. Investment income due and accrued	277,599		277,599	228,415
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	214,378		214,378	128,390
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)	543,697		543,697	812,776
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	2,994,400		2,994,400	2,994,400
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	1,079,700	2,400	1,077,300	997,300
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	131,355	92,017	39,338	48,357
21. Furniture and equipment, including health care delivery assets (\$)	25,305	25,305	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	216,848		216,848	186,265
24. Health care (\$) and other amounts receivable	1,490,100	745,050	745,050	745,050
25. Aggregate write-ins for other-than-invested assets	504,757	482,297	22,460	35,515
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	53,745,235	1,347,069	52,398,166	46,938,130
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	53,745,235	1,347,069	52,398,166	46,938,130
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Other assets non-admitted	482,297	482,297	0	0
2502. Premium tax receivable			0	0
2503. Accounts Receivable - Misc	22,460		22,460	35,515
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	504,757	482,297	22,460	35,515

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded).....	9,774,000	413,000	10,187,000	7,717,800
2. Accrued medical incentive pool and bonus amounts	2,218,540		2,218,540	2,449,797
3. Unpaid claims adjustment expenses	145,000		145,000	145,000
4. Aggregate health policy reserves including the liability of \$ for medical loss ratio rebate per the Public Health Service Act			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	687,050		687,050	1,136,869
9. General expenses due or accrued	854,356		854,356	1,762,226
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	90,684		90,684	335,000
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	3,827,243		3,827,243	3,978,612
16. Derivatives.....			0	0
17. Payable for securities	471,173		471,173	11,931
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	0
23. Aggregate write-ins for other liabilities (including \$ current)	774,251	0	774,251	822,928
24. Total liabilities (Lines 1 to 23).....	18,842,297	413,000	19,255,297	18,360,163
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	605,000	605,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX		0
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other-than-special surplus funds	XXX	XXX	1,500,000	1,500,000
31. Unassigned funds (surplus)	XXX	XXX	31,037,869	26,472,967
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	33,142,869	28,577,967
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	52,398,166	46,938,130
DETAILS OF WRITE-INS				
2301. Risk Adjustment payable - IL.....	774,251		774,251	822,928
2302.			0	0
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	774,251	0	774,251	822,928
2501. Health Insurer Tax.....	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001. Contingency Reserve.....	XXX	XXX	1,500,000	1,500,000
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	1,500,000	1,500,000

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	160,445	156,171	313,117
2. Net premium income (including \$ non-health premium income).....	XXX	48,456,077	46,589,920	94,432,843
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ 28,452,330 medical expenses)	XXX	2,260,572	3,745,004	6,473,090
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	50,716,649	50,334,924	100,905,933
Hospital and Medical:				
9. Hospital/medical benefits	47,500	32,918,403	20,824,392	41,404,920
10. Other professional services			0	0
11. Outside referrals			7,582,089	13,357,172
12. Emergency room and out-of-area	1,395,000		6,167,170	10,035,622
13. Prescription drugs		3,037,160	2,859,388	5,645,772
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		4,661,982	4,199,408	8,460,471
16. Subtotal (Lines 9 to 15)	1,442,500	40,617,545	41,632,447	78,903,957
Less:				
17. Net reinsurance recoveries		197	936,913	899,275
18. Total hospital and medical (Lines 16 minus 17)	1,442,500	40,617,348	40,695,534	78,004,682
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 451,255 cost containment expenses.....		1,622,886	1,543,710	3,256,253
21. General administrative expenses.....		4,251,944	4,243,443	10,301,649
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	0
23. Total underwriting deductions (Lines 18 through 22)	1,442,500	46,492,178	46,482,687	91,562,584
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	4,224,471	3,852,237	9,343,349
25. Net investment income earned		379,198	434,228	861,511
26. Net realized capital gains (losses) less capital gains tax of \$		18,475	80,293	177,730
27. Net investment gains (losses) (Lines 25 plus 26)	0	397,673	514,521	1,039,241
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 2,880) (amount charged off \$ 10,012)]		(7,132)	(18,033)	(17,776)
29. Aggregate write-ins for other income or expenses	0	117,722	(441,681)	(649,465)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	4,732,734	3,907,044	9,715,349
31. Federal and foreign income taxes incurred	XXX	1,038,412	963,947	2,447,800
32. Net income (loss) (Lines 30 minus 31)	XXX	3,694,322	2,943,097	7,267,549
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Other Revenue.....		117,722	40,454	315,578
2902.			0	0
2903. Health Insurance Tax.....			(482,135)	(965,043)
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	117,722	(441,681)	(649,465)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	28,577,967	21,753,695	21,753,695
34. Net income or (loss) from Line 32	3,694,322	2,943,097	7,267,549
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	533,741	(350,243)	171,744
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax	78,500	246,600	278,400
39. Change in nonadmitted assets	258,339	(193,316)	(593,422)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	0
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	(300,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	1	1
48. Net change in capital and surplus (Lines 34 to 47)	4,564,902	2,646,139	6,824,272
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,142,869	24,399,834	28,577,967
DETAILS OF WRITE-INS			
4701. Miscellaneous.....		1	1
4702.		0	0
4703.		0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	1	1

CASH FLOW

	1	2	3
	Current Year	Prior Year	Prior Year Ended
	To Date	To Date	December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	48,189,349	46,593,004	92,759,545
2. Net investment income	456,174	559,225	1,112,169
3. Miscellaneous income	2,260,572	3,850,154	6,234,140
4. Total (Lines 1 to 3)	50,906,095	51,002,383	100,105,854
5. Benefit and loss related payments	38,379,405	41,620,313	79,445,748
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	6,672,110	5,719,805	14,190,139
8. Dividends paid to policyholders		0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses).....	1,282,728	0	1,385,000
10. Total (Lines 5 through 9)	46,334,243	47,340,118	95,020,887
11. Net cash from operations (Line 4 minus Line 10)	4,571,852	3,662,265	5,084,967
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	3,340,997	1,224,470	5,508,243
12.2 Stocks	14,003	349,036	718,038
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
12.7 Miscellaneous proceeds	459,242	0	11,931
12.8 Total investment proceeds (Lines 12.1 to 12.7)	3,814,242	1,573,506	6,238,211
13. Cost of investments acquired (long-term only):			
13.1 Bonds	8,853,649	2,099,960	5,238,695
13.2 Stocks	1,536,537	435,132	1,284,167
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	1	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	10,390,186	2,535,092	6,522,862
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(6,575,944)	(961,586)	(284,651)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	300,000
16.6 Other cash provided (applied).....	48,284	888,726	914,039
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	48,284	888,726	614,039
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(1,955,808)	3,589,405	5,414,355
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	12,663,039	7,248,684	7,248,684
19.2 End of period (Line 18 plus Line 19.1)	10,707,231	10,838,088	12,663,039

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	26,336	.0	12,777	.0	.0	.0	.0	13,559	.0	.0
2. First Quarter	26,765	.0	12,725	.0	.0	.0	.0	14,040	.0	.0
3. Second Quarter	26,487	.0	12,262	.0	.0	.0	.0	14,225	.0	.0
4. Third Quarter0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0									
6. Current Year Member Months	160,445		75,924					84,521		
Total Member Ambulatory Encounters for Period:										
7. Physician	233,661		61,029					172,632		
8. Non-Physician	0									
9. Total	233,661	0	61,029	0	0	0	0	172,632	0	0
10. Hospital Patient Days Incurred	13,668		1,103					12,565		
11. Number of Inpatient Admissions	2,028		352					1,676		
12. Health Premiums Written (a).....	48,753,263		37,243,062					11,510,201		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written0									
15. Health Premiums Earned	48,753,263		37,243,062					11,510,201		
16. Property/Casualty Premiums Earned0									
17. Amount Paid for Provision of Health Care Services	41,182,301		30,950,970					10,231,331		
18. Amount Incurred for Provision of Health Care Services	40,757,544		30,117,713					10,639,831		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
MERCYONE DUBUQUE MEDICAL CENTE.....	234,660	708,339	284,566	16,033	2,869	1,246,468
UNIVERSITY OF IOWA HOSPITAL.....	50,466	260,225	416,611	96,102	13,723	837,125
MARK E HERMANN.....	28,795	238,554	59,835	110	14,130	341,424
FINLEY HOSPITAL.....	18,865	122,449	79,697	9,418	8,866	239,294
MERCYONE DBQ HOME MEDICAL EQUI.....	35,248	74,273	16,277	1,297	606	127,702
MIDWEST MEDICAL CENTER.....	8,335	37,699	24,486	5,693	4,405	80,618
GUTTENBERG MUNICIPAL HOSPITAL.....	2,717	46,751	23,970	1,182	358	74,978
DUBUQUE EMERG PHYSICIANS.....	41,814	26,590	4,341		45	72,790
GENESIS MEDICAL CENTER.....	2,944	37,483	21,798	4,474	414	67,113
MERCYONE NORTH IOWA MEDICAL CE.....	2,380	43,092	10,897	538	3,028	59,934
MERCY MEDICAL CENTER.....	7,687	33,832	16,151	1,986	(131)	59,526
STONEHILL FRANCISCAN SERVICES.....		9,764	49,400	180		59,344
TRI STATE SURGERY CENTER LLC.....	4,945	52,840	172	27		57,984
WELAND CLINICAL LABORATORIES.....	34,287	21,652	337		(163)	56,113
EA MOTTO DIALYSIS.....		18,893	9,877		27,071	55,841
PARAMOUNT EMS.....	15,264	34,470	6,171	(421)		55,483
MERCYONE DYERSVILLE MEDICAL CE.....	3,387	19,495	27,119	3,895	1,544	55,440
DELAWARE COUNTY MEMORIAL HOSP.....		11,498	36,164	3,670	2,096	53,427
UNIVERSITY OF WISCONSIN HOSPIT.....	6,602	12,448	17,699	8,740	4,077	49,565
CAREPRO HOME HEALTH AND INFUSI.....	3,323	27,544	16,817			47,684
FINLEY HARTIG HOMECARE LLC.....	16,075	27,956	2,201	601	619	47,451
MERCYONE LABORATORY.....	15,425	24,737	4,519	706	1,501	46,888
MERCY RADIOLOGISTS.....	21,991	19,055	1,678	420	207	43,350
HANGER PROSTHETIC AND ORTHOTIC.....		41,225	1,699			42,924
MERCYONE DES MOINES MEDICAL CE.....	942	6,958	17,060		17,051	42,011
MAYO CLINIC.....	4,910	32,853	1,767	975	(957)	39,549
JENNIFER M SCHOPE.....	11,710	25,356	1,210			38,276
MERCYONE ELKADER MEDICAL CENTE.....	3,997	22,633	6,185	191	3,895	36,899
JOHN E WHALEN.....	5,732	14,907	12,322	1,081	1,215	35,257
ADRIAN G LETZ.....	268	31,210	3,870	(110)		35,237
TYLER B RISMA.....	12,024	18,885				30,910
JUSTIN RISMA.....	15,741	14,398				30,138
US MED LLC.....	6,443	20,211	2,228	1,025		29,907
JACKSON COUNTY REGIONAL HEALTH.....	887	20,797	7,513	1,189	(598)	29,787
NOVOCURE.....	13,383	13,383				26,766
SARA N NESLER.....	1,154	10,054	12,140	3,375		26,724
FRANKLIN GENERAL HOSPITAL.....	6,923	13,736	5,282	434	285	26,659
GEORGE B ISAAC.....	21,933	4,452				26,385
PAUL J MEUS.....	1,239	9,290	13,303	2,475		26,307
MARK A WALSHAUSER.....	8,515	16,223				24,738
CROSSING RIVERS HEALTH MEDICAL.....	12,967	8,405	1,920	79	1,056	24,425
SUNRISE DETOX.....		24,219				24,219
RAMANA C REDDY.....	177	12,252	9,148	2,280		23,857
MAYO CLINIC HOSPITAL ROCHESTER.....		17,009	5,146	38		22,193
MASON CITY AMBULATORY SURGERY.....	10,959	9,087	1,913			21,959
TIMOTHY J MAIERS.....	564	10,209	9,463	1,590		21,826
GARY KUMMET.....		12,964	7,741			20,704
HILLARD A SALAS.....	2,238	17,260	488		14	20,000
ROTECH.....	4,030	8,006	5,272	912	1,570	19,791
JUAN C NIETO.....	11,708	7,479				19,188
DAVID M RINGOLD.....	5,007	9,628	2,656	1,567	215	19,073
TRISTATE DIALYSIS.....			18,533	329		18,862
PETER B SAKAS.....	1,813	3,322	11,117	2,468		18,721
NORTHERN IOWA THERAPY ASSOCIAT.....			4,366	5,795	8,474	18,635
MAGDY ELSAWY.....		18,194				18,194

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
TAUSEEF A KHAN.....	11,625	5,782	277	68	389	18,142
MATTHEW J KIRKENDALL.....	3,619	13,769	428	147	81	18,045
VIPINCHANDRA BHAYSAR.....		17,693				17,693
CARY MURPHY.....			17,642			17,642
MYRIAD GENETIC LABORATORIES.....		840	12,377	4,394		17,611
PATRICK REINSVOLD.....		17,305				17,305
MEGAN M EISEL.....	5,580	11,258	66	60		16,964
RASHMI KAPUR.....		11,173		5,587		16,760
RONALD P OBERFOELL.....		3,945	11,146	1,394		16,485
ZHENGJIN CAO MD.....	4,236	8,660	1,189	596	1,264	15,945
C ROMMEL FUERSTE.....	7,413	8,357	21		122	15,912
MERCYONE WATERLOO MEDICAL CENT.....	751	6,059	3,729	3,593	1,760	15,893
ROCKY MOUNTAIN HOLDINGS LLC.....		15,791				15,791
ANGELA D KELLEY.....	6,692	8,118	582			15,392
RYAN P CLOOS.....	5,602	9,427	169	62		15,260
MERCY HOSPITAL.....	316	12,092	176		2,270	14,854
EDWARD MILES.....		6,644	6,479	40	1,675	14,838
HAWKEYE CARE CENTER OF DUBUQUE.....				2,575	12,117	14,692
ALEX HORCHAK.....	8,304	5,312	16		687	14,318
MARK O LIABOE.....	2,460	9,852	1,727	105	51	14,195
JONES REGIONAL MED CTR.....	2,343	8,351	589	1,988	82	13,353
BRIAN D MORAN.....	2,386	9,498	1,123	102	43	13,152
STEPHEN E PIEROTTI.....	5,932	4,699	696		1,649	12,977
BENJAMIN B KUMOR.....	1,796	6,820	545	2,531	1,249	12,941
KRISTIN E NELSON.....	4,194	7,765	700	151		12,810
BRYAN N TRUMM.....	3,279	4,231	1,773	1,832	1,510	12,625
LORI KATZ.....		11,761	752			12,513
NEOGENOMICS LABORATORIES INC.....	2,035	4,009	1,545	2,063	2,657	12,309
ADVANCED RADIOLOGY SC.....	5,535	6,171	7	12		11,726
SAINT JOSEPHS HOSPITAL.....		11,698				11,698
CYNTHIA J KONZ.....	2,059	8,034	1,477	121		11,692
ADVOCATE ILLINOIS MASONIC.....				11,613		11,613
TIMOTHY J MILLER.....	2,253	8,543	730			11,526
ANDREW PUGELY.....	288	11,217				11,505
DUBUQUE FIRE EMS.....			9,749	1,156	514	11,419
JILL M POWERS.....	2,202	8,921	10	225	51	11,409
RONALD A IVERSON.....	3,659	7,317	148	113	(49)	11,188
JERROD KEITH.....		11,177				11,177
MICHAEL ARNZ.....	4,141	6,805	122		35	11,104
BIOTEL INR LLC.....	1,492	2,777	2,262	2,337	2,230	11,097
MINIMED DISTRIBUTION CORP.....	5,415	4,741	907			11,063
GALENA AREA EMERGENCY MEDICINE.....	2,595	3,875	2,076	2,776	(293)	11,029
VITACARE.....	2,868	4,470	2,451		1,170	10,958
NICOLE SCHLOSSER.....	4,435	6,206		57	6	10,704
MANORCARE HLTH SERVICES INC.....		10	9,860	756		10,626
TRINITY MEDICAL CENTER.....		10,264				10,264
RANDALL W LENGELING.....	2,644	3,865	1,622	1,387	693	10,211
MICHAEL S BROOKS.....	8,710	1,395	3			10,108
GMC ILLINI.....	77	5,716	4,299		(77)	10,014
CHRISTOPHER L HAUPERT.....		2,991	3,147	3,712	156	10,006
0199999 Individually listed claims unpaid.....	847,412	2,739,650	1,395,741	231,894	149,524	5,364,221
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals.....	847,412	2,739,650	1,395,741	231,894	149,524	5,364,221
0599999 Unreported claims and other claim reserves.....	xxx	xxx	xxx	xxx	xxx	4,822,779
0699999 Total amounts withheld.....	xxx	xxx	xxx	xxx	xxx	

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	10,187,000
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	2,218,540

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	2,884,646	21,496,589	76,000	5,204,000	2,960,646	4,219,700
2. Medicare Supplement0	.0
3. Dental only0	.0
4. Vision only0	.0
5. Federal Employees Health Benefits Plan0	.0
6. Title XVIII - Medicare	1,651,291	7,579,640	385,000	4,522,000	2,036,291	3,498,100
7. Title XIX - Medicaid0	.0
8. Other health0	.0
9. Health subtotal (Lines 1 to 8).....	4,535,937	29,076,229	461,000	9,726,000	4,996,937	7,717,800
10. Health care receivables (a)0	.0
11. Other non-health0	.0
12. Medical incentive pools and bonus amounts	2,577,491	2,315,748		2,218,540	2,577,491	2,449,797
13. Totals (Lines 9-10+11+12)	7,113,428	31,391,977	461,000	11,944,540	7,574,428	10,167,597

(a) Excludes \$ loans or advances to providers not yet expensed.

Note 1. Summary of Significant Accounting Policies

There are no significant changes since the recent annual statement filing.

Note 2. Accounting Changes and Correction of Errors

There are no significant changes since the recent annual statement filing.

Note 3. Business Combinations and Goodwill

There are no significant changes since the recent annual statement filing.

Note 4. Discontinued Operations

There are no significant changes since the recent annual statement filing.

Note 5. Investments

There are no significant changes since the recent annual statement filing.

Note 6. Joint Ventures, Partnerships and Limited Liability Companies

There are no significant changes since the recent annual statement filing.

Note 7. Investment Income

There are no significant changes since the recent annual statement filing.

Note 8. Derivative Instruments

There are no significant changes since the recent annual statement filing.

Note 9. Income Taxes

There are no significant changes since the recent annual statement filing.

Note 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

There are no significant changes since the recent annual statement filing.

Note 11. Debt

There are no significant changes since the recent annual statement filing.

Note 12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

There are no significant changes since the recent annual statement filing.

Note 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

There are no significant changes since the recent annual statement filing.

Note 14. Contingencies

There are no significant changes since the recent annual statement filing.

Note 15. Leases

There are no significant changes since the recent annual statement filing.

Note 16. Information about Financial Instruments with Off-Balance-Sheet Risk and Financial Instruments with Concentrations of Credit Risk

There are no significant changes since the recent annual statement filing.

Note 17. Sale, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

There are no significant changes since the recent annual statement filing.

Note 18. Gain or Loss to the HMO from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

There are no significant changes since the recent annual statement filing.

Note 19. Direct Premium Written/Produced by Managing General Agents/ Third-Party Administrators

There are no significant changes since the recent annual statement filing.

Note 20. Fair Value Measurements

There are no significant changes since the recent annual statement filing.

Note 21. Other Items

There are no significant changes since the recent annual statement filing.

Note 22. Events Subsequent

There are no significant changes since the recent annual statement filing.

Note 23. Reinsurance

There are no significant changes since the recent annual statement filing.

Note 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

There are no significant changes since the recent annual statement filing.

Note 25. Change in Incurred Claims

There are no significant changes since the recent annual statement filing.

Note 26. Intercompany Pooling Arrangements

There are no significant changes since the recent annual statement filing.

Note 27. Structured Settlements

There are no significant changes since the recent annual statement filing.

Note 28. Health Care Receivables

There are no significant changes since the recent annual statement filing.

Note 29. Participating Policies

There are no significant changes since the recent annual statement filing.

Note 30. Premium Deficiency Reserves

There are no significant changes since the recent annual statement filing.

Note 31. Anticipated Salvage and Subrogation

There are no significant changes since the recent annual statement filing.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒
- 2.2

If yes, date of change:
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes ☒ No ☐

If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☐ No ☒
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☐ No ☒
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes ☐ No ☒

If yes, complete and file the merger history data file with the NAIC.
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?

If yes, attach an explanation.

Yes ☐ No ☒ NA ☐
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2019
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2019
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

09/28/2020
- 6.4

By what department or departments?

State of Iowa, Office of the Commissioner of Insurance.
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ NA ☒
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ NA ☐
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes ☐ No ☒
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

GENERAL INTERROGATORIES

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []

9.11

If the response to 9.1 is No, please explain:
.....

9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
.....

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).
.....

FINANCIAL

10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?.....

Yes [X] No []

10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$216,848

INVESTMENT

11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]

11.2

If yes, give full and complete information relating thereto:
.....

12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:\$0

13.

Amount of real estate and mortgages held in short-term investments:\$0

14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]

14.2

If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$
14.22 Preferred Stock	\$0	\$
14.23 Common Stock	\$0	\$
14.24 Short-Term Investments	\$0	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]

15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA []

If no, attach a description with this statement.

16

For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0

16.3

Total payable for securities lending reported on the liability page

\$0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
FFG Trust.....	Springfield, Illinois.....
Dubuque Bank and Trust Company.....	Dubuque, Iowa.....
Bell Bank.....	Fargo, North Dakota.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s invested assets?

Yes [X] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity’s invested assets?

Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No []

18.2 If no, list exceptions:
.....

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or
a. PL security is not available.
b. Issuer or obligor is current on all contracted interest and principal payments.
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
Has the reporting entity self-designated 5GI securities?.....

Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
a. The security was purchased prior to January 1, 2018.
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
c. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
Has the reporting entity self-designated PLGI securities?.....

Yes [] No [X]

GENERAL INTERROGATORIES

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:.....
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES
PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

84.8 %

1.2 A&H cost containment percent

0.9 %

1.3 A&H expense percent excluding cost containment expenses

0.1 %

2.1 Do you act as a custodian for health savings accounts?

Yes ☐ No ☒

2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$

2.3 Do you act as an administrator for health savings accounts?

Yes ☐ No ☒

2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes ☒ No ☐

3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes ☐ No ☐

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories											
States, Etc.		1 Active Status (a)	Direct Business Only								
			2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 CHIP Title XXI	6 Federal Employees Health Benefits Program Premiums	7 Life & Annuity Premiums & Other Considerations	8 Property/ Casualty Premiums	9 Total Columns 2 Through 8	10 Deposit-Type Contracts
1. Alabama	AL	N								.0	
2. Alaska	AK	N								.0	
3. Arizona	AZ	N								.0	
4. Arkansas	AR	N								.0	
5. California	CA	N								.0	
6. Colorado	CO	N								.0	
7. Connecticut	CT	N								.0	
8. Delaware	DE	N								.0	
9. Dist. Columbia	DC	N								.0	
10. Florida	FL	N								.0	
11. Georgia	GA	N								.0	
12. Hawaii	HI	N								.0	
13. Idaho	ID	N								.0	
14. Illinois	IL	L	3,630,696	1,628,877						5,259,573	
15. Indiana	IN	N								.0	
16. Iowa	IA	L	33,612,304	9,869,417						43,481,721	
17. Kansas	KS	N								.0	
18. Kentucky	KY	N								.0	
19. Louisiana	LA	N								.0	
20. Maine	ME	N								.0	
21. Maryland	MD	N								.0	
22. Massachusetts	MA	N								.0	
23. Michigan	MI	N								.0	
24. Minnesota	MN	N								.0	
25. Mississippi	MS	N								.0	
26. Missouri	MO	N								.0	
27. Montana	MT	N								.0	
28. Nebraska	NE	L	0	11,907						11,907	
29. Nevada	NV	N								.0	
30. New Hampshire	NH	N								.0	
31. New Jersey	NJ	N								.0	
32. New Mexico	NM	N								.0	
33. New York	NY	N								.0	
34. North Carolina	NC	N								.0	
35. North Dakota	ND	N								.0	
36. Ohio	OH	N								.0	
37. Oklahoma	OK	N								.0	
38. Oregon	OR	N								.0	
39. Pennsylvania	PA	N								.0	
40. Rhode Island	RI	N								.0	
41. South Carolina	SC	N								.0	
42. South Dakota	SD	N								.0	
43. Tennessee	TN	N								.0	
44. Texas	TX	N								.0	
45. Utah	UT	N								.0	
46. Vermont	VT	N								.0	
47. Virginia	VA	N								.0	
48. Washington	WA	N								.0	
49. West Virginia	WV	N								.0	
50. Wisconsin	WI	N								.0	
51. Wyoming	WY	N								.0	
52. American Samoa	AS	N								.0	
53. Guam	GU	N								.0	
54. Puerto Rico	PR	N								.0	
55. U.S. Virgin Islands	VI	N								.0	
56. Northern Mariana Islands	MP	N								.0	
57. Canada	CAN	N								.0	
58. Aggregate other alien	OT	.XXX	0	0	0	0	0	0	0	.0	0
59. Subtotal	.XXX		37,243,000	11,510,201	0	0	0	0	0	48,753,201	0
60. Reporting entity contributions for Employee Benefit Plans	.XXX									.0	
61. Total (Direct Business)	XXX		37,243,000	11,510,201	0	0	0	0	0	48,753,201	0
DETAILS OF WRITE-INS											
58001.		.XXX									
58002.		.XXX									
58003.		.XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page.		.XXX	0	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)		XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts

L – Licensed or Chartered – Licensed insurance carrier or domiciled RRG3 R – Registered – Non-domiciled RRGs0
E – Eligible – Reporting entities eligible or approved to write surplus lines in the state0 Q – Qualified – Qualified or accredited reinsurer0
N – None of the above – Not allowed to write business in the state54

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

Parent:

Medical Associates Clinic, P.C.	42-1115442
State of Domicile - IA	

Subsidiaries:

Medical Associates Health Plan, Inc.	42-1282065
NAIC 52559	
State of Domicile - IA	

Medical Associates Clinic Health Plan of WI	39-1519198
NAIC 95782	
State of Domicile - WI	
A non-profit organization organized by Medical Associates Clinic, P.C.	
Clinic shareholders/employees represent greater than 50% of the HMO	

Preferred Health Choices, LLC	90-0139311
State of Domicile - IA	

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[illegible]

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Response

.....NO.....

Explanation:

Bar Code:

1.


5 2 5 5 9 2 0 2 1 3 6 5 0 0 0 0 2

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A – VERIFICATION

Real Estate

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Current year change in encumbrances		0
4. Total gain (loss) on disposals		0
5. Deduct amounts received on disposals		0
6. Total foreign exchange change in book/adjusted carrying value		0
7. Deduct current year's other-than-temporary impairment recognized		0
8. Deduct current year's depreciation		0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year To Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and mortgage interest points and commitment fees		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		0
2.2 Additional investment made after acquisition		0
3. Capitalized deferred interest and other		0
4. Accrual of discount		0
5. Unrealized valuation increase (decrease)		0
6. Total gain (loss) on disposals		0
7. Deduct amounts received on disposals		0
8. Deduct amortization of premium and depreciation		0
9. Total foreign exchange change in book/adjusted carrying value		0
10. Deduct current year's other-than-temporary impairment recognized		0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	28,098,613	27,605,731
2. Cost of bonds and stocks acquired	10,390,186	6,522,862
3. Accrual of discount	8,698	21,584
4. Unrealized valuation increase (decrease)	533,741	216,344
5. Total gain (loss) on disposals	18,475	224,930
6. Deduct consideration for bonds and stocks disposed of	3,355,000	6,308,339
7. Deduct amortization of premium	134,858	266,558
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		82,059
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	35,559,855	28,098,613
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	35,559,855	28,098,613

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	21,137,392	2,658,531	653,754	(360,468)	21,137,392	22,781,701	0	17,669,123
2. NAIC 2 (a).....	5,791,290	432,868	300,000	276,561	5,791,290	6,200,719	0	5,916,321
3. NAIC 3 (a).....	0				0	0	0	0
4. NAIC 4 (a).....	0				0	0	0	0
5. NAIC 5 (a).....	0				0	0	0	0
6. NAIC 6 (a).....	0				0	0	0	0
7. Total Bonds	26,928,682	3,091,399	953,754	(83,907)	26,928,682	28,982,420	0	23,585,444
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	0
9. NAIC 2	0				0	0	0	0
10. NAIC 3	0				0	0	0	0
11. NAIC 4	0				0	0	0	0
12. NAIC 5	0				0	0	0	0
13. NAIC 6	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	26,928,682	3,091,399	953,754	(83,907)	26,928,682	28,982,420	0	23,585,444

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$;

NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE DA - PART 1
Short-Term Investments

	1 Book/adjusted Carrying value	2 Prior Year Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999		XXX			

SCHEDULE DA - VERIFICATION
Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	270,051
2. Cost of short-term investments acquired		0
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals		270,000
7. Deduct amortization of premium.....		51
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other-than-temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	0
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E – PART 2 – VERIFICATION
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	4,224,580	1,170,375
2. Cost of cash equivalents acquired	3,931,984	7,291,445
3. Accrual of discount		0
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....		0
6. Deduct consideration received on disposals	7,588,133	4,237,240
7. Deduct amortization of premium		0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other-than-temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	568,431	4,224,580
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	568,431	4,224,580

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation, NAIC Designation Modifier and SVO Administrative Symbol
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
482124-ST-2	JURUPA CALIF UNI SCH DIST		04/13/2021	Legg Mason (STIFEL)	XXX	300,000	300,000	0	1.D FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						300,000	300,000	0	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions									
011839-WR-4	ALASKA HOUSING FINANCE CORPORATION		04/14/2021	Raymond James	XXX	294,480	300,000	2,638	1.C FE
3137H1-FG-6	FHR 5127 ME - CMO/RMBS		06/28/2021	Raymond James	XXX	273,969	275,000	222	1.A
44936T-AJ-2	IDAWY IDAHO SOLID WASTE DIST REV		05/20/2021	HILLTOP SECURITIES	XXX	308,397	300,000	2,868	1.G FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						876,846	875,000	5,728	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
136375-BD-3	CANADIAN NATIONAL RAILWAY CO	C	05/13/2021	METROW	XXX	132,169	100,000	2,338	1.F FE
151020-AY-0	CELGENE CORP		04/27/2021	HILLTOP SECURITIES	XXX	434,329	396,000	6,224	1.G FE
36158F-AD-2	SWISS RE SOLUTIONS HOLDING CORP		05/27/2021	HILLTOP SECURITIES	XXX	286,760	200,000	7,147	1.F FE
695114-BT-4	PACIFICORP		05/27/2021	Unknown	XXX	339,038	230,000	787	1.E FE
961548-AV-6	WESTROCK MWV LLC		06/30/2021	HILLTOP SECURITIES	XXX	432,868	305,000	11,602	2.B FE
983919-AK-7	XILINX INC		06/14/2021	Unknown	XXX	289,389	285,000	282	1.G FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,914,553	1,516,000	28,380	XXX
8399997 - Bonds - Subtotals - Bonds - Part 3						3,091,399	2,691,000	34,108	XXX
8399999 - Bonds - Subtotals - Bonds						3,091,399	2,691,000	34,108	XXX
Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded									
27616P-10-3	EASTERLY GOVERNMENT PROPERTIES ORD		06/30/2021	Dubuque Bank & Trust	940.000	19,875	XXX	0	XXX
65960L-10-3	MEDTRONIC ORD	C	06/30/2021	Dubuque Bank & Trust	55.000	6,828	XXX	0	XXX
9099999 - Common Stocks - Industrial and Miscellaneous (Unaffiliated) Publicly Traded						26,703	XXX	0	XXX
Common Stocks - Mutual Funds									
464288-87-7	ISHARES MSCI EAFE VAL		06/04/2021	Dubuque Bank & Trust	3,455.000	188,578	XXX	0	
464288-88-5	ISHARES MSCI EAFE GRO		06/04/2021	Dubuque Bank & Trust	1,743.000	189,537	XXX	0	
922042-85-8	VANGUARD EM ST I ETF		06/04/2021	Dubuque Bank & Trust	1,375.000	75,494	XXX	0	
922908-59-5	VANGUARD SC G ID ETF		06/04/2021	Dubuque Bank & Trust	274.000	75,620	XXX	0	
922908-61-1	VANGUARD SC V I ETF		06/04/2021	Dubuque Bank & Trust	422.000	74,741	XXX	0	
922908-73-6	VANGUARD GRO IDX ETF		06/04/2021	Dubuque Bank & Trust	1,681.000	455,574	XXX	0	
922908-74-4	VANGUARD VAL IDX ETF		06/04/2021	Dubuque Bank & Trust	3,198.000	450,289	XXX	0	
9499999 - Common Stocks - Mutual Funds						1,509,834	XXX	0	XXX
9799997 - Common Stocks - Subtotals - Common Stocks - Part 3						1,536,537	XXX	0	XXX
9799999 - Common Stocks - Subtotals - Common Stocks						1,536,537	XXX	0	XXX
9899999 - Common Stocks - Subtotals - Preferred and Common Stocks						1,536,537	XXX	0	XXX
9999999 Totals						4,627,936	XXX	34,108	XXX

E05

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Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

Schedule DB - Part E

NONE

STATEMENT AS OF JUNE 30, 2021 OF THE Medical Associates Health Plan, Inc.

SCHEDULE E - PART 1 - CASH

[illegible]

SCHEDULE E - PART 2 - CASH EQUIVALENTS

[illegible]